

EXHIBIT 45

Current
March 5, 1998

MEMORANDUM

TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS
BLUE CROSS/BLUE SHIELD OF NEVADA

FROM: MATTHEW BAYAN, PROGRAM SERVICES CHIEF
NEVADA MEDICAID

SUBJECT: PROVIDER FEE SCHEDULE
PROCEDURE MEMO 98 - 04

This procedure memo replaces procedure memo 96-35.

This package is prepared in response to many requests for copies of Nevada Medicaid's fee schedule. Although there are set maximum allowable reimbursements for procedures, Medicaid does not have a published fee schedule. Maximum allowable reimbursements are a function of unit fee rates and relative unit values for each individual procedure and are calculated by the Medicaid computer during claims processing. With the information in this package you will be able to calculate the maximum allowable payments that pertain to your practice.

There are two parts to this package: (1) Unit Rate Schedule, which is a list of unit rates by provider type and procedure code range, and (2) Procedure Code Value List, which is a list of procedure codes with relative unit values. Procedure codes showing relative unit values of 0.00 are either not a Nevada Medicaid benefit or are paid by Blue Cross/Blue Shield of Nevada Medical Review by report. The Unit Rate Schedule will be updated in October of each year.

To calculate Medicaid's maximum allowable reimbursement for a specific procedure, multiply its unit value by the unit rate listed for your provider type in the range the procedure falls within.

This is a replacement of the fee schedule issued in October 1996, Procedure Memo 96-35. The source of this information is Nevada Medicaid Provider Bulletins #754, #756, #758, #759 and #762. If you have any difficulty or questions while working with this package, please call Jay Meierdierck at (702) 684-8256.

MB:JM:rl January 5, 1998 (K:\MED\MEDWP\FROMMEMO\98DFT.JM)

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